

**U.S.-Singapore Free Trade Agreement  
Executive Education Program**

**REGISTRATION FORM**

<b>PERSONAL PARTICULARS</b>		
Name	Designation	
Company		
Address		
Postal Code		
Contact _____ (o) _____ (hp)		
_____ (email) _____ (fax)		
<b>PARTICIPANTS' INFORMATION</b> (Please attach another form if space is insufficient.)		
Name	Designation	
1)		
2)		
3)		
4)		
5)		
<b>MODE OF PAYMENT</b> (*Please tick as appropriate)		
<input type="checkbox"/> Credit Card*		
We authorize you to charge USD _____ (dollar amount) ( <b>US\$2650 per participant</b> ) to the following credit card for the _____ (number) participants listed above.		
Name of Person	Name of Organization	
Type of Credit Card <input type="checkbox"/> American Express <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Others: _____		Card No.  Expiration Date (mm/dd/yy)
<b>OR</b>		
<input type="checkbox"/> Bank Draft*		
I attach the following USD bank draft for USD _____ (dollar amount) payable to " <b>U.S. Department of Commerce</b> " as payment for the _____ (number) participants listed above.		
Name of Bank:	Draft No.	Date

\*Note: Your receipt will be mailed to you upon payment.